

PRISONERS AND PUBLIC AT
HEALTH RISK

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2006

Mr. RANGEL. Mr. Speaker, I rise today to draw attention to an article from the June 8, 2006, Washington Times newspaper entitled "Prisoners, Public at health risk" reporting on the findings of the 21-member Commission on Safety and Abuse in America's prisons.

The article discusses the high rates of disease and illnesses among the inmates in the Nation's jails and prison and the subsequent threat this problem poses to communities outside of the prison's scope as inmates are released back into the communities.

Based on data gathered and reported by the Commission on Safety and Abuse in America's Prison, more than 1.5 million people are released from jails and prisons nationwide carrying life-threatening contagious diseases, and another 350,000 inmates have serious mental illnesses.

While this article and the report explores the prisons' inability to treat physical and mental illnesses it also examines prison overcrowding, violence and abuse. It addresses the impact of reduced funding for programming, a reduction which directly leads to inactivity and unproductiveness in our prisons. The report reveals that most correctional systems are set up to fail because they are charged with protecting public health and public safety, and reducing human suffering as they strive to care for the sick on a shoestring budget with very little support from the community health care providers and public health authorities.

Mr. Speaker: I enter this article into the RECORD to send a message that it is imperative that health officials and lawmakers realize that the issue of inadequate health care in our Nations' prisons has to be addressed and rectified sooner rather than later.

[From the Washington Times, June 8, 2006]

PRISONERS, PUBLIC AT HEALTH RISK

(By Jerry Seper)

High rates of disease and illness among inmates in the Nation's jails and prisons, coupled with inadequate funding for correctional health care, has put the Nation's 2.2 million prisoners at risk, along with corrections officers and the public, a report said yesterday.

Every year, according to a report by the 21-member Commission on Safety and Abuse in America's Prisons, more than 1.5 million people are released from jails and prisons nationwide carrying life-threatening contagious diseases, and another 350,000 inmates have serious mental illnesses.

"Protecting public health and public safety, reducing human suffering and limiting the financial cost of untreated illness depends on adequately funded, good quality correctional health care," the report said. "Unfortunately, most correctional systems are set up to fail.

"They have to care for a sick population on shoestring budgets and with little support from community health-care providers and public health authorities," it said.

The commission, co-chaired by former Attorney General Nicholas de B. Katzenbach, is based on a lengthy investigation and hearings, which included testimony from corrections professionals, prison monitors and litigators, former prisoners, scholars and oth-

ers. The inquiry focused on the "crucial role of oversight and accountability" in creating safe conditions in U.S. prisons and jails, and on the nature and prevalence of gang violence.

"The questions 'who's watching' and 'who's responsible' are at the beginning and end of dealing with all of the problems we've examined," Mr. Katzenbach said.

The report also concluded:

Violence remains a serious problem in the Nation's prisons and jails, with "disturbing evidence" of assaults and patterns of violence in some U.S. correctional facilities. It said corrections officers reported a near-constant fear of being assaulted, and prisoners recounted gang violence, rapes and beatings.

Violence and abuse are not inevitable, but the majority of prisons and many jails nationwide hold more people than they can accommodate safely and effectively, creating a degree of disorder and tension almost certain to erupt into violence.

Because lawmakers have reduced funding for programming in the country's prisons and jails, inmates are largely inactive and unproductive.

The increasing use of high-security segregation is counterproductive, often causing violence inside facilities and contributing to recidivism after release. People who pose no threat and those who are mentally ill are "languishing for months or years" in high-security units and supermax prisons.

Better safety inside prisons and jails depends on changing the institutional culture, which cannot be accomplished without enhancing the corrections professional at all levels. Because the exercise of power is a defining characteristic of correctional facilities, there is a constant potential for abuse.

The report will be presented today at a hearing of the Senate Judiciary subcommittee on crime, corrections and victims' rights.

EVIDENCE OF SUCCESS IN A
SMALL HARLEM COMMUNITY
HOSPITAL

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2006

Mr. RANGEL. Mr. Speaker, I rise today to praise the successful financial restructuring of the North General Hospital, a small community hospital located in Harlem that caters to the neighborhood's vast majority of poor and elderly members. North General Hospital was founded in 1979 and since then, because of the uninsured population it serves who use the hospital for its primary care needs, it had been suffering from severe losses that threatened the hospital's success. However, last year, Dr. Samuel Daniel, North General's Chief Executive and his team launched a plan for a complete transformation that has since proved to be an absolute success.

I would like to enter into the RECORD an article by Rafael Gerena-Morales from the June 22nd, 2006 edition of the Wall Street Journal entitled, How a Harlem Hospital Healed Itself. This article tracks the success of North General Hospital as well as the positive outlook for the future of this promising health care center. According to Gerena-Morales, the strategy pursued by the hospital's Chief Executive and his team has been so successful that the hospital went from a nearly \$20 million dollar loss in 2003 to a \$2.6 million dollar surplus in 2005.

These achievements are even more appreciated when taking into account the challenges that the hospital has faced since its establishment. North General has always struggled with low government reimbursement rates and it treats a community with a high percentage of uninsured patients who cannot pay their medical bills. Furthermore, the hospital historically provided mainly low-margin routine checkups and physical exams, since it did not possess the resources to pay for high-priced medical specialists.

All this changed when North General began to focus more on treating diseases that afflicted Harlem residents in high rates such as cardiovascular problems, hypertension, obesity, diabetes and infant mortality. By offering surgical procedures to treat these illnesses, North General was able to attract more patients and expand its revenue. Additionally, it began to promote its services at community health fairs, further inviting patients to the small hospital. North General Hospital appealed to the need for emergency care by adding ambulances that brought more Harlem residents to its emergency room.

Another key to success was in the partnership established with Mount Sinai Medical Center located only one mile away from North General Hospital. Mount Sinai is one of New York's most prominent teaching hospitals, and with its alliance, North General has been able to expand the services it offers on campus by gaining access to 16 Mount Sinai specialist doctors who perform vascular surgery, lung biopsies, urology, radiology, and pediatric psychiatry.

All in all, this small community hospital embodies the example of a successful health care institution that truly cares for its own. Surely, the health of Harlem residents will benefit greatly from the achievements of North General Hospital, and this hospital remains a source of hope for other small hospitals hoping to make a difference in their own communities.

[From The Wall Street Journal, June 22, 2006]

HOW A HARLEM HOSPITAL HEALED ITSELF

(By Rafael Gerena-Morales)

Since its founding in 1979, North General Hospital, a small community hospital in Harlem that caters to the poor and elderly, had always lost money—until last year.

That's when the hospital's 2-year-old turnaround plan started to pay off. The strategy was so successful that the hospital's bottom line swung to a \$2.6 million surplus in 2005 from a nearly \$20 million loss in 2003. The hospital anticipates another \$2 million surplus this year.

How North General, a 200-bed hospital located in a predominately black and Latino neighborhood, fixed its finances "sounds like a business-school case study," says Liz Sweeney, who covers the New York state hospital industry for Standard & Poor's, the credit-ratings service.

Struggling with low government reimbursement rates and mainly providing low-margin routine checkups and physical exams, Samuel Daniel, North General's chief executive since 2001, says he and his management team plotted a strategy to tackle a tough question: "How do we turn the hospital around?"

Among the answers: North General focused more on treating ailments that afflicted Harlem residents in high rates, including cardiovascular problems, hypertension, obesity, diabetes and infant mortality. It offered additional surgical procedures that brought in